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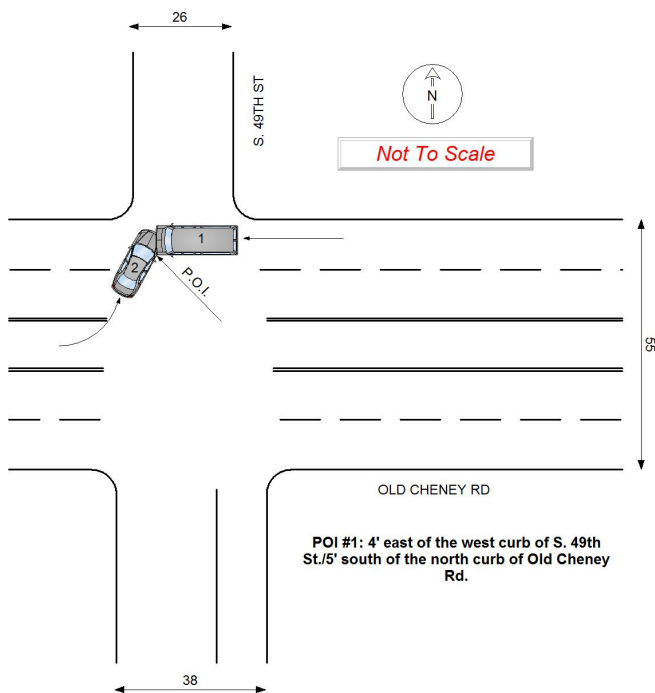
State of Nebraska  
Investigator's Motor Vehicle Accident Report

Sheet 1 of 2

2	Total Number of Vehicles	Local No./ District 179	Agency Case No. B6-030511	HIT & RUN? <input type="radio"/> YES <input checked="" type="radio"/> NO	INVESTIGATION MADE AT SCENE? <input checked="" type="radio"/> YES <input type="radio"/> NO	L 1							
A/1	DATE OF ACCIDENT	M M / D D / Y Y Y Y S M T W T H F S 04/11/2016		TIME OF ACCIDENT 1454	STATE USE ONLY								
A/2	PLACE OF ACCIDENT	COUNTY Lancaster	CITY Lincoln	POLICE NOTIFIED 1454	04/11/2016								
B	55	ROAD ON WHICH ACCIDENT OCCURRED STREET/ HIGHWAY NO. OLD CHENEY RD		PRIVATE PROPERTY? <input type="radio"/> YES <input checked="" type="radio"/> NO	LATITUDE								
C	1	DISTANCE FROM MILEPOST	FEET	N S E W OF MILEPOST	HIGHWAY NO.	LONGITUDE							
D	2	IF AT INTERSECTION NAME OF INTERSECTING ROADWAY		IF NOT AT INTERSECTION OF NEAREST STREET, BRIDGE, RAILROAD CROSSING									
V1/M	01	IF ACCIDENT WAS OUTSIDE CITY LIMITS, INDICATE DISTANCE FROM NEAREST TOWN											
V2/M	10	MILES	N S E W	AND MILES	N S E W	OF NEAREST CITY OR TOWN							
E	2	R. WORK ZONE CODES 1	R2	R3	R4	S. PEDESTRIAN CLASSIFICATION CODES S1 S2 S3 S4 S5-a S5-b S6-a S6-b							
DOES ACCIDENT INVOLVE DAMAGE TO STATE DEPT. OF ROADS' PROPERTY? <input type="radio"/> YES <input checked="" type="radio"/> NO													
VEHICLE NO. 1													
F	1	DRIVER LICENSE NO.	G02183754	STATE (Of License)	NE	SEX <input type="radio"/> FEMALE <input checked="" type="radio"/> MALE							
V1/N	1	DRIVER	CHARLES D YEAGER	PHONE	402-432-9964	LOCAL NO.							
V2/N	1	DRIVER ADDRESS	3736 VINE ST, LINCOLN, NE 68503	CITY, STATE, ZIP	DATE OF BIRTH (MM / DD / YYYY)	08/14/1953							
G	4	OWNER	B & B LOCKSMITHS INC	PHONE	402-432-9964	LOCAL NO.							
H	4	OWNER ADDRESS	3736 VINE ST, LINCOLN, NE 68503	CITY, STATE, ZIP	CITATION <input type="radio"/> PENDING <input checked="" type="radio"/> YES <input type="radio"/> NO	CITATION NO.							
V1/O	2	LICENSE PLATE	TE NO. SC1826	YEAR (Plate Expires)	2016	STATE (Of Plate) NE							
V2/O	2	VEHICLE	2000	MAKE	Chevrolet	MODEL	G1500	BODY STYLE	Full size van	COLOR	white	ESTIMATED DAMAGE	<input type="radio"/> TOALED \$ 3000
I	1	VEHICLE ID NO. (VIN)	1GCFG15W0Y1269193	INSURANCE COMPANY	OWNERS INS CO								
J	01	TOWED TO	101 CHARLESTON ST	TOWED BY	CAPITAL TOWING	POLICY NO.	0848425272						
VEHICLE NO. 2													
F	1	DRIVER LICENSE NO.	H12545218	STATE (Of License)	NE	SEX <input type="radio"/> FEMALE <input checked="" type="radio"/> MALE							
V1/P	1	DRIVER	FERN A WOLFF	PHONE	402-484-5373	LOCAL NO.							
V2/P	1	DRIVER ADDRESS	2600 S 70TH ST APT 1, LINCOLN, NE 68506	CITY, STATE, ZIP	DATE OF BIRTH (MM / DD / YYYY)	11/20/1928							
J	01	OWNER	FERN WOLFF	PHONE	402-484-5373	LOCAL NO.							
K	02	OWNER ADDRESS	2600 S 70 ST #1, LINCOLN, NE 68516	CITY, STATE, ZIP	CITATION <input type="radio"/> PENDING <input checked="" type="radio"/> YES <input type="radio"/> NO	CITATION NO.	LB503916						
V1/Q	4	LICENSE PLATE	PA NO. SSU562	YEAR (Plate Expires)	2016	STATE (Of Plate)	NE						
V2/Q	2	VEHICLE	2009	MAKE	Pontiac	MODEL	G6	BODY STYLE	4 door Sedan	COLOR	white	ESTIMATED DAMAGE	<input type="radio"/> TOALED \$ 3000
K	02	VEHICLE ID NO. (VIN)	1G2ZH57N294163564	INSURANCE COMPANY	STATE FARM								
Complete this section for all injured persons (Complete a continuation report, if more than three were injured)													
VEH. #	2	NAME	FERN A WOLFF	ADDRESS	2600 S. 70TH ST #1, LINCOLN, NE 68506	DATE OF BIRTH (MM / DD / YYYY)	11/20/1928	1 Seat Position	2 Eject	3 Body Region	4 Injury Sev.	5 Trans.	SEX M F
		LOCAL NO.	MEDICAL FACILITY NAME		BryanLGH Medical Center East (Bryan)	EMS SERVICE NAME	Lincoln Fire & Rescue	EMS RUN REPORT NO.					
VEH. #	2	NAME	ALISON E WOLFF	ADDRESS	3310 SERENITY CIR #13, LINCOLN, NE 68516	DATE OF BIRTH (MM / DD / YYYY)	07/17/1991	03	1	03	4	1	F
		LOCAL NO.	MEDICAL FACILITY NAME			EMS SERVICE NAME		EMS RUN REPORT NO.					
VEH. #		NAME	ADDRESS										
		LOCAL NO.	MEDICAL FACILITY NAME			EMS SERVICE NAME		EMS RUN REPORT NO.					

INDICATE BY DIAGRAM WHAT HAPPENED

Indicate North by Arrow



Vehicle #1 was traveling westbound on Old Cheney Road, in the outside lane of traffic, when it entered the intersection of S. 49th Street and struck vehicle #2 as it attempted to turn left. Driver #1 stated, "She turned right in front of me. I don't think she even looked." Vehicle #2 was traveling eastbound on Old Cheney Road, in the inside lane of traffic, when it entered the intersection of S. 49th Street and attempted to turn left and was struck by vehicle #1. Driver #2 stated, "I turned and a white van hit me."

PROPERTY	OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE	APPROX. COST OF DAMAGE \$
	OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE	APPROX. COST OF DAMAGE \$
WITNESSES	NAME ADDRESS				PHONE
	JAMES L STUBBENDIECK (12-22-1944) 7651 KENNELLEY DR, LINCOLN, NE 68516				402-488-4240
	NAME ADDRESS				PHONE

VEHICLE MOVEMENT BEFORE COLLISION						POINT OF IMPACT AND MOST DAMAGED AREA <i>(Enter numbers for each vehicle)</i>				AIRBAG DEPLOYED VEHICLE 1				RESTRAINT USE VEHICLE 1				TOTAL OCCUPANTS		VEH 1	1	VEH 2	2
VEH NO.	N	S	E	W	ROAD OR HIGHWAY NAME	VEHICLE 1		VEHICLE 2															
1				X	OLD CHENEY	POINT OF IMPACT	01	POINT OF IMPACT	02	<div> <div>1 Deployed - front</div> <div>2 Deployed - side</div> <div>3 Deployed - both front/side</div> <div>4 Not deployed</div> <div>5 Not applicable/ No airbag available</div> <div>6 Unknown</div> </div>				<div> <div>1 None used - vehicle occupant</div> <div>2 Lap &amp; shoulder belt used</div> <div>3 Shoulder belt only used</div> <div>4 Lap belt only used</div> <div>5 Child safety seat used</div> <div>6 Child booster seat used</div> <div>7 DOT approved helmet used</div> <div>8 Costume helmet used</div> <div>9 Restraint use unknown</div> </div>				ALCOHOL TESTING		Driver No. 1	Driver No. 2	Pedestrian	
2			X	OLD CHENEY	MOST DAMAGED AREA	01	MOST DAMAGED AREA	02	ALCOHOL LEVEL TESTED									Y	N	X	Y	N	X
1	01			06 Turning left		<div> <div>00 None</div> <div>01</div> <div>02</div> <div>03</div> <div>04</div> <div>05</div> <div>06</div> <div>07</div> <div>08</div> </div>		<div> <div>09 Top &amp; windows</div> <div>10 Undercarriage</div> <div>11 Total (all areas)</div> <div>12 Other</div> </div>		BAC LEVEL													
2	06			08 Entering traffic lane						ALCOHOL / DRUGS SUSPECTED		Driver No. 1	Driver No. 2										
01 Essentially straight ahead					09 Leaving traffic lane					1 Neither alcohol nor drugs suspected													
02 Backing					10 Parked					2 Yes - alcohol suspected													
03 Changing lanes					11 Slowing or stopped in traffic					3 Yes - drugs suspected													
04 Overtaking/ Passing					12 Other					4 Yes - alcohol & drugs suspected													
05 Turning right					13 Unknown					5 Unknown													
OFFICER NO. 1513						TROOP/ TEAM/ BEAT 5				DEPARTMENT Lincoln Police Department										Photographs taken?		<input type="radio"/> YES <input checked="" type="radio"/> NO	
INVESTIGATOR NAME <i>(Print or Type)</i> Curtis Wolbert										INVESTIGATOR SIGNATURE Approved by Officer Curtis Wolbert										DATE OF REPORT		04/11/2016	